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UTILITY PATENT APPLICATION TRANSMITTAL

Attorney Docket No.	35.C13871	S. 00 00 00 00 00 00 00 00 00 00 00 00 00
First Name	d Inventor or Applicati	on Identifie
SATOSHI ISHIGURO		
Express Mail Label No.		n

	TRANSMITTAL (Only for new nonprovisional applications under 37 CFR 1.53(b))		SATOSHI ISHIGURO			
			Express Mail Label No.		n —	
	APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.			Assistant Commissioner for Patents Box Patent Application Washington, DC 20231		
	1.	Fee Transmittal Form (Submit an original, and a duplicate for	fee processing)	6 M	licrofiche Computer Progran	n (Appendix)
	2. X	Specification Total Pa	ges 51		e and/or Amino Acid Sequen ole, all necessary)	
-	3. X	Drawing(s) (35 USC 113) Total Sh	eets 16	a b		e Copy cal to computer copy)
	4. X	Oath or Declaration Total Pa	ges 2	C.	Statement verifying	identity of above copies
		a. Newly executed (original or o	сору)		ACCOMPANYING APPLIC	CATION PARTS
		b. X Unexecuted for information purposes		8. A	ssignment Papers (cover sheet	& document(s))
		c. Copy from a prior application	(37 CFR 1.63(d))	• -		
		(for continuation/divisional with [Note Box 5 below]	n Box 17 completed)	1911	7 CFR 3.73(b) Statement when there is an assignee)	Power of Attorney
	•		VENTOR(S) tached deleting inventor(oplication, see 37 CFR	(s) 10. E	nglish Translation Documen	t (if applicable)
E W	1.63(d)(2) and 1.33(b). Incorporation By Reference (useable if Box 4c is checked) The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4c, is considered as being		b).	1 11 1	formation Disclosure tatement (IDS)/PTO-1449	Copies of IDS Citations
111 april 111			ne 12. P			
		part of the disclosure of the accompanying incorporated by reference therein.	sclosure of the accompanying application and is hereby			
	incorporated by reference therein.		13. X Return Receipt Postcard (MPEP 503) (Should be specifically itemized)			
T.	٠			1 14.1		nent filed in prior application still proper and desired
Ō	•		15. C	ument(s)		
			16.	Other:		
Ţ	17. If a (CONTINUING APPLICATION, check ap	propriate box and sup	ply the requisite inf	ormation:	-
	Continuation Divisional Continuation-in-part (CIP) of prior application No/					
18. CORRESPONDENCE ADDRESS						
				05514 r.Attach barrcode labe	or Corre	spondence address below
	NAME					
	Address					
	City		State		Zip Code	
	Country		Telephone		Fax	

CLAIMS	(1) FOR	(2) NUMBER FILED	(3) NUMBER EXTRA	(4) RATE	(5) CALCULATIONS
್ರ ಯಿ	TOTAL CLAIMS (37 CFR 1.16(c))	24-20 =	4	X \$ 18.00 =	\$ 72.00
× 1	INDEPENDENT CLAIMS (37 cfr 1.16(b))	4-3 =	1	X \$ 78.00 =	\$ 78.00
	MULTIPLE DEPENDENT CLAIMS (if applicable) (37 CFR 1.16(d)) \$260.00 =		\$ 0.00		
, a				BASIC FEE (37 CFR 1.16(a))	\$760.00
y. V 10	30 100 100 100 100 100 100 100 100 100 1		Total of	above Calculations =	\$910.00
	Reduction by	50% for filing by small en	itity (Note 37 CFR 1.9, 1	.27, 1.28).	
TOTAL = \$9				0040.00	
9. Sm a.		ntity statement is enclose			
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED		
NAME	L.P. Diane	
SIGNATURE	2 L P. J. 29,296	
DATE	September 27, 1999	

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